

APPLICATION FOR OPERATING ASSISTANCE

Fiscal Year 2007



**MONTANA DEPARTMENT OF TRANSPORTATION
TRANSIT SECTION
2550 PROSPECT AVENUE
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The Montana Department of Transportation (MDT) attempts to provide accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Dept. Alternative accessible formats of this information will be provided upon request. For further information call (406) 444-6331 or TTY (800) 335-7592, or by calling Montana Relay at 711.

Application for Operating Assistance

1. Legal Name of Applicant Agency: _____

Name of Transit Coordinator: _____

Address: _____

City: _____ Zip: _____

County: _____ Telephone: _____

Fax: _____ E-mail: _____

2. Assistance Request:

Operating Request: \$ _____

Administrative Request: \$ _____

Maintenance Request: \$ _____

\$ _____ Total

3. Authorization to Apply:

I hereby authorize this applicant to provide transportation services to the city/county/communities of _____. I certify that this applicant has the fiscal, managerial, and legal capabilities to administer the program and receive and disburse funds. I also certify the required local match will be provided.

Signature: _____

Chief Executive/Board Chair: _____

Date: _____

Estimated Transportation Budget: 4-7

Financial Data (include all cost associated with entire transportation system Operating, Administrative, and Maintenance)

4. Operating Costs

1. **Labor**

- a. Operator's wages
- b. Mechanic wages
- c. Dispatcher wages

2. **Fringe Benefits**

- a. Operator's/Mechanic/Dispatcher Fringe Benefits Distribution

3. **Services**

- a. Professional and technical services
- b. Advertising fees
- c. Custodial services
- d. Other services

4. **Materials & Supplies Consumed**

- a. Fuel and oil
- b. Other materials and supplies (list)

5. **Purchased Transportation Service**

- a. Purchased transportation service

6. **Taxes**

- a. Vehicle licensing and registration fees

7. **Other Operating Expenses**

- a. Other expenses (list)

TOTAL OPERATING COSTS

5. Administrative Costs

- 8. **Labor**
 - a. Other Salaries (Manager, and Administrative Personnel) _____
- 9. **Fringe Benefits**
 - a. Other Salaries Fringe Benefits Distribution _____
- 10. **Materials and Supplies**
 - a. Office Supplies _____
- 11. **Casualty & Liability Costs**
 - a. Casualty and Liability Costs _____
- 12. **Utilities**
 - a. Utilities (Gas, Electric, Sewer, Phone and Internet) _____
- 13. **Taxes**
 - a. Property Tax _____
- 14. **Leases and Rentals**
 - a. Vehicle _____
 - b. Facilities _____
- 15. **Miscellaneous Expense**
 - a. Dues and Subscriptions _____
 - b. Travel and Meetings _____
 - c. Drug Testing _____
 - d. Promotional/Coordination Rider Sharing _____
 - e. Indirect Cost (Attach plan from city or county if applicable) _____
- 16. **Other Administrative Expenses**
 - a. Other expenses (list) _____
- TOTAL ADMINISTRATIVE COSTS** _____

6. Maintenance Costs

- 17. **Maintenance**
 - a. Vehicle maintenance parts and service _____
 - b. Tires and tubes _____
- TOTAL MAINTENANCE COSTS:** _____

7. Reimbursement Calculations

1. Total Operating Costs _____
2. Total Amount of Fares _____
3. Net Operating Deficit (Line 1 minus Line 2) _____
4. Eligible Operating Funds @ 54% of line 3 _____
5. Total Administrative Costs _____
6. Eligible Administrative Costs @ 80% of line 5 _____
7. Total Maintenance Costs _____
8. Eligible Maintenance Costs @ 80% of line 7 _____
9. Total Eligible Reimbursement (add lines 4, 6, and 8) _____

8. List the sources and amounts of your local match.

9. Fiscal Year: _____ to _____
(start date) (end date)

10. Do your transportation driver(s) belong to a union? Yes ____ or No ____
If "yes," complete section (a-e) below.

- a. Union Name: _____
- b. Contact: _____
- c. Phone: _____
- d. Address: _____
- e. E-mail: _____

11. Do you serve a minority clientele? Yes_____ No_____
- Definition of "Minority" according to the Disadvantaged Business Enterprises (DBE) Program and 49 CFR Part 26:

A person who is a citizen or a lawful permanent resident of the United States and who is:

- a) Black (a person having origins in any of the black racial groups of Africa);
- b) Hispanic (a person of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race);
- c) Subcontinent Asian American (a person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands; or
- d) American Indian and Alaskan Native (a person having origins in any of the original peoples of North America).
- e) Members of other groups, or other individuals, found to be economically and socially disadvantaged by the SBA under section 8(a) of the Small Business Act, as amended (15 U.S.C. 637[a]).

12. Private Sector Participation:

Each applicant must provide information about their local process for private sector participation. Please address the following areas, as applicable:

- a. Is there a private transportation provider or taxi service in your service area? Yes_____ No_____ If you answer "yes," please answer the following questions.
- b. What role do private providers play in your transportation program?
- c. Explain your process for providing notice to private providers of proposed services.
- d. List all meetings, hearings or other opportunities for private sector involvement early in the service development process.
- e. What is your process for reviewing private sector proposals offered for consideration and the rationale for inclusion or exclusion?

13. Coordination Plan: Developed coordination plan attached with this application?

Yes_____ No_____

If "no," please explain why.

14. Transportation Development Plan (TDP): If a TDP for your area has been developed, what is the date of the last TDP?